6. Mark Wilson, Department of Labor and Industrial Relations, Michigan State University
7. Mary Ann Wood, Medical Supervisor, Saginaw Division of General Motors
8. Maxine Walker, Body Care, UAW Local 652
9. Public Sector Consultants, Inc. *Michigan In Brief: 1988-89 Issues Handbook.* Grand Ledge, MI: Public Sector Consultant, Inc., 1988.
10. U.S. Department of Health, Education, and Welfare. *Smoking and Health. A Report of the Surgeon General.* (Washington, D.C.: U.S. Department of Health, Education, and Welfare, Public Health Service, Office of the Assistant Secretary for Health, Office on Smoking and Health. DHEW Publication No. (PHS) 79-50066)

Less Educated, Low Income, and Unemployed Persons

In analyzing ASSIST priority populations, the Steering Committee recognized that these three characteristics are often found in combination. Furthermore, persons in these groups are likely to be found in other priority populations. For example, members of some racial and ethnic minority groups are more likely to have low income and less education. Likewise, women are more often found in the lower income category. Many of the priority groups are disproportionately represented in unemployment statistics.

Given Michigan's heterogeneous population, groups sharing these characteristics may be very different in other ways. For instance, low income persons in Michigan range from those in the most urbanized areas of Detroit to persons living in the most rural and isolated areas of the Upper Peninsula. While both groups share economic disadvantage, they face radically different social and cultural concerns that would call for different approaches in ASSIST interventions. Nevertheless, Michigan's BRFS data show that low income and low education are the most important predictors of high smoking prevalence. Smoking is highest among those with less than a high school education and persons with an annual income of less than $20,000.

Key informants note that primary concerns of this population are personal safety, crime, employment and training, child care, finances, and housing. Messages that emphasize the future health effects of smoking may be lost because they are very focused on today's problems.

Persons with low income generally have fewer recreational opportunities than those with more resources. Therefore, smoking may be viewed as a more important way to relieve stress or depression. One key contact suggested turning the tables to show how quitting smoking can be a better stress reliever--by saving money, feeling better, and giving up a self-destructive habit. The most effective tobacco reduction messages will take into account the stress, low self-esteem, and depression that are often reasons for smoking among this group.

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Persons with low income often live in environments that support the continuation of smoking. The ASSIST objectives address environmental change through policy interventions. However, key informants stress that these policy changes must be accompanied by smoking cessation services that are well-publicized, affordable, and accessible in neighborhoods or through public transportation (where available). Materials must be of the appropriate literacy level.

According to one key informant, in past smoking reduction efforts, the message did not reach this group. She emphasizes that word of mouth is the best form of communication for this group and suggests using churches or other community-based groups to spread the word. Communicating through institutions such as the Michigan Department of Social Services was cautioned against because they may viewed as trying to control behavior of low income persons, rather than understanding their needs. On the other hand, substance abuse programs give persons a sense of empowerment, so a nonsmoking message in this setting may be very effective.

Despite the salutary effect of reducing consumption, some ASSIST objectives, such as higher tobacco excise taxes, may be perceived by certain groups and political leaders as unduly burdening these individuals.

Low income, less educated, and unemployed individuals are a priority population for the Upper Peninsula ASSIST Project, which has calculated that potentially more than half of all smokers in that area have not graduated from high school.

Key informants/resources:

1. Ron Slocum, GA Warrant and MA Mailings, Michigan Department of Social Services
2. Chuck Peller, Director of Communications, Michigan Department of Social Services
3. Beverly MacDonald, Executive Director, Michigan League for Human Services
4. Jan Williams, Executive Director, Neighborhood Association in Michigan
5. Jean Tubbs, Coordinator of County Relations, Michigan Community Action Agency Association
6. Manfredi, Clara, et al. "Smoking-Related Behavior, Beliefs, and Social Environment of Young Black Women in Subsidized Public Housing in Chicago," *American Journal of Public Health*; 82(2): 267-271, February, 1992.

Michigan ASSIST Project
Site Analysis
Priority Population Analysis

Smokeless Tobacco Users

ASSIST Steering Committee members indicated that their primary concern with smokeless tobacco is the rising prevalence of use among adolescent boys. In the Upper Peninsula community of Munising, for example, the local coalition estimates that there are more youth who use smokeless tobacco than smoke. Therefore the Michigan ASSIST Project will concentrate efforts on smokeless tobacco in this young population.

Among the challenges to successful interventions with this group is the perception that smokeless tobacco is a safe alternative to cigarettes. This false impression is supported by tobacco industry marketing and to a degree by general public opinion. Smokeless tobacco use among boys is also encouraged by widespread use among professional sports players. As with smoking interventions, peer pressure to use chew or snuff will be a major obstacle to overcome.

The prevalence of smokeless tobacco use among Michigan adults is relatively low, but it is believed that the practice is disproportionately found in rural areas. Consequently, the problem of smokeless tobacco use among adults is more pressing in the Upper Peninsula than in other areas of the state. Interventions on smokeless tobacco use among adult males will be developed for the Upper Peninsula intervention region.

General Population of Smokers

As noted above, at least 1,875,200 Michigan residents must be deterred from smoking in order to reach the ASSIST goal of 17 percent smoking prevalence by 1998. The previous discussion explains the importance of targeting interventions to the various ASSIST priority populations.

It should be evident, however, that targeting these groups alone is not enough to reduce smoking across the Michigan population. While youth will be an important focus of intervention for the Michigan ASSIST Project, there are not enough new smokers every year to justify a heavily emphasized preventive approach. Ethnic and racial minorities are also too few in number to bring about a significant reduction on overall smoking rates in the state. While women are nearly large enough in numbers to reach the goal, men make up the greater percentage of smokers in the state and cannot be left out of the tobacco reduction equation.

Compounding the analysis is the fact that these priority groups are not mutually exclusive. Racial and ethnic minorities and women are found in all income, education, and employment groups.

Michigan ASSIST Project
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Although the Michigan ASSIST Project will mount special interventions in Detroit, Genesee County, and the Upper Peninsula, the combined number of smokers in these areas is not sufficient to limit interventions strictly to those regions.

Therefore, interventions that target the general population of smokers in Michigan are warranted. These would include some of the ASSIST policy objectives, such as smokefree worksites, and the incorporation of a tobacco focus in community groups. Media advocacy on tobacco issues and increased health professional intervention on smoking cessation are other examples.

COALITION PROCESS

As mentioned earlier, the ASSIST Project Steering Committee began the priority population analysis during its April meeting. The members approached this task enthusiastically and it served to enhance their interest and investment in the ASSIST Project. Further work on the priority population analysis and key interviews were done by ASSIST Project staff.

The Steering Committee is composed of core members of the statewide ASSIST coalition (TFMAC). There is a wealth of knowledge of tobacco issues and potential ASSIST channels in this group. Their varying interests and expertise are an asset to the analysis process. However, the Steering Committee needs better representation from a few key groups, such as minorities, business, unions, and the media. As a result of the key informant interview process, many groups and individuals representing these areas have been identified and invited to be a part of the ASSIST planning process. It is hoped that this will lead to ongoing participation in the coalition.

During the April meeting, the discussion often turned toward interventions rather than analysis of populations and channels. Because many in the group are knowledgeable on tobacco issues, they have thought about programs or ideas that they believe would be effective in Michigan and are enthusiastic about how these ideas might fit into the ASSIST model. It will be important to keep this group on the analysis and planning track but still maintain their interest and enthusiasm for the interventions to come in Phase II.

Similarly, both the Steering Committee and TFMAC are committed to reducing tobacco use among youth as their top priority. While this is certainly an important piece of the tobacco reduction puzzle, discussion presented in this section shows that significant efforts toward cessation are needed to reach the ASSIST goal. Coalition members will need to be reminded of this as we approach the planning process. It may be helpful to emphasize with them that parental smoking is one of the main determinants of smoking among youth. Therefore, cessation efforts toward parents will help to prevent smoking among youth.

ENDNOTES:

1 Escobedo, L.G., Anda, R.F., Smith, P.F., Remington, P.L., Mast, E.E. "Sociodemographic Characteristics of Cigarette Smoking Initiation in the United States: Implications for Smoking Prevention Policy," *The Journal of the American Medical Association;* 264(12):1550-1555, September 26, 1990.

2 Information on the American Cancer Society CPS-II from personal communication with Michael Thun, American Cancer Society, Atlanta, Georgia.

CHANNEL ANALYSIS

HEALTH CARE SETTINGS

Health care providers and health care systems are the participants with the most direct interest in tobacco reduction efforts. Health care settings are a channel for reaching all ASSIST priority populations. However, because youth are the least likely group to seek information from health care providers, this population is probably best reached through other channels. Within the health care channel, sectors can be identified that would be most effective in reaching various priority populations.

Reaching Racial and Ethnic Minorities

Specialized health care centers exist for several minority groups. These centers would be the most efficient way of disseminating culturally-specific nonsmoking messages through the health care system. Because they are run by and for minority groups themselves, these agencies have the added advantage of high credibility with members of those groups. Representatives of several of the following organizations have agreed to participate in the ASSIST planning process.

- Hispanic Health Link is a strong network that unites ten Latino health centers throughout the state. The largest of these is in Detroit, where CHASS Health Center provides services to Michigan's greatest concentration of Latinos. Identifying a lead agency among the health centers in this network to work with the ASSIST Project would ensure that interventions reach a large segment of the Latino population statewide.

- The Arab American population in the metropolitan Detroit area benefits from two major health centers. The Arab Community Center for Economic and Social Services (ACCESS) provides basic health care services to the Arab American population of Dearborn and southwest Detroit. This organization has been involved in TFMAC since its inception and is very interested in increasing smoking cessation opportunities for its clients. ACCESS has produced a smoking cessation brochure in Arabic which may be useful to ASSIST.

The Arab American and Chaldean Council serves the tri-county Detroit area and the city of Flint (in Genesee County) through 23 sites. Among the many services provided by this organization are basic health care, prenatal and perinatal care, and teen health services.

Both organizations are well-respected in Michigan's Arab American communities. Because there is something of a rivalry between these organizations, it would be important to have both of them actively involved in the ASSIST Project.

- Members of Michigan's seven federally-recognized Indian tribes can receive health care services through the Inter-Tribal Council of Michigan (ITC) Field Health Program, affiliated with the Indian Health Service. Most of these centers are in the Upper Peninsula. The ITC staff are very interested in reducing smoking among Native Americans and they are currently involved in an effort to train providers in smoking cessation. The Saginaw Chippewa Tribe, in lower Michigan, has a very active health promotion program, which includes a keen awareness of the need for smoking policies in their facilities.

  Native Americans living in some urban areas can get services through Indian centers in those communities. The largest of these is the Detroit Indian Health Center. The Administrator of this center is a member of the Detroit Project ASSIST coalition. Services to Native Americans in Genesee County are available through the Genesee Indian Center.

Reaching Persons with Low Income

Persons with low income or low education level often have no health insurance coverage. Those who are eligible participate in the Medicaid program, for which there is a limited availability of providers. These individuals often receive health care services through local health departments or community health centers.

Michigan's 83 counties are served by 50 local health departments. These health departments are the backbone of basic public health services throughout the state. Services include prenatal care, family planning, child immunization, specialty clinics, the WIC program, and many others. In addition, public health nurses from local public health departments provide outreach services to communities throughout Michigan.

The network of local health departments is represented by the Michigan Association for Local Public Health (MALPH). MALPH has been active in tobacco reduction advocacy for many years, including serving as the lead organization for current efforts to raise tobacco excise taxes in Michigan. Four local health officers and the MALPH Executive Director represent this organization on the TFMAC coalition. MALPH's leadership is well-

respected by local health officers throughout the state. This is reflected in its effectiveness in mobilizing support for and action on a variety of tobacco reduction activities in local health jurisdictions. MALPH is a key intermediary that can be counted on to aid implementation of ASSIST interventions through local health departments across the state.

The Society of Public Health Educators counts among its membership health educators from local health departments. These public health professionals coordinate smoking cessation and referral services in all of Michigan's local health departments, often serving as the departments' educational spokespersons within the community through health fairs or school programs. In the Michigan communities that have local tobacco control coalitions, health educators often serve as the coordinators. SOPHE has been an active member of TFMAC since 1990 and its representatives are active on several TFMAC committees and projects.

Also key to ASSIST activities in local health departments is the MDPH Bureau of Child and Family Services. This arm of the Department is responsible for consultation and direction to several programs implemented through local health departments, including the WIC program and family planning services. Discussions of the ASSIST Project have begun between the chief of this Bureau and the chief of the Center for Health Promotion and Chronic Disease Prevention.

In each of the ASSIST intensive intervention regions, the agency responsible for the ASSIST subcontract is the local health department. Consequently, in these ASSIST communities the local health department has a vested interest in seeing that the ASSIST Project is highly successful. In Detroit in particular, the field director has been highly successful in involving many programs in the health department in the ASSIST coalition.

Community health centers and community primary care clinics in Michigan come together under the umbrella of the Michigan Primary Care Association (MPCA). MPCA members provide health care to underserved areas and populations, including those with low income and less education. Many of the health centers are in rural areas; others serve Detroit residents. The MPCA is very interested in health promotion programs and is receptive to participating in ASSIST interventions that would reduce smoking among members' clients.

Also helpful in reaching low income persons in the health care system in rural communities will be the Rural Health Clinic Program in the MDPH Bureau of Health Systems and the newly-established Michigan Center for Rural Health through Michigan State University.

The Medicaid program in Michigan does not cover any type of smoking cessation service or prescription product. Expansion of Medicaid benefits is highly unlikely due to the poor

economic climate in the state at this time. Part of the ASSIST plan for the health care channel may be to convince health finance policymakers that smoking cessation and prevention is a cost effective investment over the long term.

Reaching Women

Providing nonsmoking messages and services to women in health care settings could be highly effective, particularly for women of childbearing age. Some of the health care systems previously discussed provide services directed at women, including family planning and prenatal care through local health departments, community health care centers, and minority health centers.

Smoking cessation services for pregnant women will increase through the local health departments thanks to a grant received by the MDPH Bureau of Child and Family Services, Division of Maternal and Child Health, from the U.S. Centers for Disease Control. Through this grant, a prenatal smoking cessation model for one-on-one counseling and reinforcement will be developed and integrated into existing public prenatal care programs, utilizing existing staff. This model will be piloted in five local health departments with the ultimate goal of implementing the program statewide. The advisory group to this project is a committee of TFMAC.

Other health-related organizations that could be key intermediaries with women include the American College of Obstetricians and Gynecologists, whose Michigan members are a logical link to reducing smoking among pregnant women. While these physicians are specialists who don't necessarily attend to other types of health problems, the frequency with which women receiving routine gynecological and pregnancy care in OB/GYN offices makes this a good channel for sending the nonsmoking message to a broad cross-section of women. The health risks associated with smoking while taking oral contraceptives might also be an important factor in engaging these physicians in ASSIST interventions. The Michigan Division of the American Medical Women's Association, which has been invited to join TFMAC, may also take a special interest in promoting smoking cessation among women.

There are a significant number of women's health clinics in the state. Some of them, such as Planned Parenthood and Womancare, see a large number of young women and women of low income. These clinics have the advantage of being viewed more positively by these women, who often are suspicious or uncomfortable in public health settings or other larger institutions. Contacts with women's health clinics indicate that there is already a strong awareness of the need to provide advice and services around smoking cessation and prevention. Barriers to overcome in working in these settings are funding problems and short staffing, which may make any new intervention seem like an added burden.

Another approach to reaching women who smoke may be through their children's physicians. There is ever-increasing evidence of the harmful long and short term effects of ETS on children. Enlisting members of the American Academy of Pediatrics, Michigan Chapter and the Michigan Chapter of the Society for Adolescent Medicine to encourage mothers to stop smoking for their children's sake may be an effective strategy. This would presume adequate training of these physicians on the health effects of ETS on children. In Genesee County, the Mott Children's Health Center is an active member of the coalition and would be very interested in promoting smoking cessation for mothers of their young patients.

Reaching Blue Collar Workers

Blue collar workers who are unionized generally have health insurance benefits that allow them to receive care through Health Maintenance Organizations or private practitioners. For workers in larger facilities, health messages and services are also available through the medical departments in their shops or factories. Medical staff in these facilities are supportive of ASSIST goals, as discussed in the section on worksites.

Most HMO's are promoters of preventive medicine and offer smoking cessation services for members. Some plans also cover prescription cessation products. The Association of HMOs in Michigan is supportive of ASSIST's objectives and is willing to consider becoming involved in information sharing and other interventions as they are planned.

Private practitioners reach not only blue collar workers but the rest of the population that has health insurance or can afford to pay medical fees. Studies indicate that physician advice is one of the most effective motivators for quitting smoking, yet fewer than half of smokers report that their physicians have encouraged them to quit.

The Role of Health Professionals

The ASSIST objective of increasing routine physician and dentist advice, assistance, and followup for smoking cessation has strong support among health care provider organizations in Michigan. These include the Michigan State Medical Society (MSMS), which represents the majority of physicians across the state. This organization has recently taken several public stands on various tobacco issues and is a strong supporter of the coalition working toward a significant increase in tobacco excise taxes. As a member of TFMAC, this organization's status helps to raise TFMAC's credibility with the Legislature and the general public. Affiliated with MSMS are county medical societies, which can be helpful in the ASSIST intensive intervention regions. In Detroit, both the Wayne County Medical Society and the Detroit Medical Society, made up primarily of African American physicians, are members of the local ASSIST coalition.

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The Michigan Dental Association (MDA) is the professional organization for dentists in Michigan. This organization is particularly interested in the issue of smokeless tobacco and its members frequently provide smokeless tobacco education in the schools. MDA is an active TFMAC member. This organization also has local affiliates in ASSIST intensive intervention regions.

Michigan has a large number of osteopathic physicians providing family practice services. Osteopathic physicians are represented by the Michigan Association of Osteopathic Physicians and Surgeons (MAOPS). This organization belongs to TFMAC and is active on the tobacco tax coalition. Its Public Health Committee is particularly interested in youth tobacco issues.

The above organizations were involved in sponsoring the NCI "Train the Trainer" program for physicians and dentists which was presented in 1991. The lead organization in this project is the Michigan Cancer Foundation (MCF), which is a TFMAC member. MCF has been a leader in tobacco control for many years and, through the Meyer L. Prentis Comprehensive Cancer Center, coordinates the Cancer Information Service toll-free hotline for information on smoking prevention and cessation. These organizations, along with the major voluntary health organizations and MDPH, continue to plan followup trainings from the original training sessions.

The "Train the Trainer" program will likely become a primary ASSIST intervention in this channel. Other organizations that have indicated an interest in tobacco issues could be enlisted to broaden participation in the project. These include the Michigan Society for Internal Medicine and the Michigan Society for Respiratory Care. The American College of Cardiology, Michigan Division, which is a TFMAC member, sponsors a cable television program for cardiologists which may be a useful adjunct to these ASSIST interventions. The Michigan Primary Care Association and the Inter-Tribal Council of Michigan are both working on physician training for smoking cessation, so consideration should be given to coordinating these efforts with ASSIST.

Contact with the Michigan Association of Family Physicians (MAFP) indicated that this organization has a tobacco cessation training program for physicians that has been in use for about 5 years. The organization would be very interested in being involved in ASSIST interventions. The president noted that their members' most effective role is in the office with patients, but he also provides prevention programs in schools and the community.

For continued impact, training of medical students and medical residents would be a worthwhile investment. The Michigan Medical Schools Council of Deans, which is an active member of the MDPH cancer advisory board, could be the means of increasing smoking cessation training for Michigan's newest health care providers.

Michigan ASSIST Project
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The ASSIST Executive Committee raised the concern that medical professionals other than physicians and dentists be included in ASSIST interventions. This is well warranted since nurses, physicians assistants, and other medical personnel are often important sources of health information in health care settings.

The Michigan Nurses Association (MNA) represents 8,100 registered nurses across the state. The organization has been an active member of TFMAC since 1990. MNA's involvement in the ASSIST Project is extremely valuable for three reasons. First, nurses are a trusted source of health information for patients. Secondly, nurses themselves have been known to have a high smoking prevalence, although this may be changing. MNA can be instrumental in bringing cessation messages and support to its members. And finally, MNA serves as the union for about 60 percent of the registered nurses in Michigan. This means that the organization can help to bring about changes in hospital and local health department worksites. MNA is also a conduit to nurse specialty organizations, such as the school nurses, occupational nurses, and Hispanic nurses.

Pharmacists are also an important source of health information for the general public. The Michigan Pharmacists Association (MPA) demonstrated its support for tobacco reduction earlier this year by launching an information campaign on tobacco for its members. MPA encouraged its members to increase cessation information available to pharmacy customers, prohibit smoking in pharmacies, and stop the sale of tobacco products in pharmacies or, at least, put tobacco products behind the counter. This campaign was coordinated with efforts of local tobacco reduction coalitions across the state to encourage local pharmacists to take these steps. The Upper Peninsula ASSIST Community Coalitions have made important contacts with pharmacists in that region. MPA is a member of TFMAC.

Smoke-Free Health Facilities

In Michigan, we have already come a long way on the ASSIST objective of establishing smoke-free health facilities. The Michigan Clean Indoor Air Act (MCIAA) prohibits smoking in common areas and treatment areas of private physician offices. Through affiliation with MSMS and MAOPS, the ASSIST Project can work to ensure that these offices become totally smokefree.

Michigan hospitals are covered by special provisions of the MCIAA. Under the law, smoking in hospitals is allowed only in rooms that are separately ventilated. Beginning in January, 1992, the Joint Council for Accreditation of Health Care Organizations took hospital smoking policies one step further by requiring accredited hospitals to be smokefree. This covers approximately 85 percent of Michigan hospitals. The Michigan Hospital Association (MHA) is a member of TFMAC and will be instrumental in helping unaccredited hospitals to adopt smoke-free policies. In fact, the president of the MSMS

Board of Directors recently sent a letter to the MHA suggesting that the two organizations work together on this very issue.

Regional hospital councils, affiliated with MHA, cover the three intensive intervention regions. A further link to hospitals in the Detroit area is through the chair of the Detroit Project ASSIST Coalition, who is the Assistant Director of Policy and Planning for the Greater Detroit Area Health Council. This organization brings together the health care and business communities for coordination of health planning in the Detroit area.

The challenge for the ASSIST Project in working with hospitals will be to ensure that smoke-free policies are being upheld in these facilities in Michigan.

Many of Michigan's local health departments are already smokefree. As mentioned before, MALPH is the primary link to these departments and that organization will work on encouraging smokefree policies statewide. As indicated above, community health centers can be accessed through the Michigan Primary Care Association, which is also willing to participate in ASSIST interventions.

In most cases, mental health programs and facilities have been exempt from regulation restricting smoking in health facilities. The primary rationale is that client treatment will be adversely affected by a smoking ban. The Governor's Executive Order that banned smoking in state buildings exempted residential facilities (including mental health centers) but instructed these facilities to develop a plan for protecting nonsmokers from the health effects of environmental tobacco smoke.

In a broad interpretation of the ASSIST objective on smoke-free public health facilities, a plan for mental health facilities should be developed. Recently, Northville Regional Psychiatric Hospital banned smoking, an action which received mixed reactions from mental health organizations in the state. The ASSIST Steering Committee recognized that the first step in creating policy change in mental health facilities was to convince treatment providers of the need for change. To this end, the ASSIST Project could approach the Mental Health Coalition, which brings together mental health practitioners, facilities, and advocacy groups. This group has asked for a presentation on the proposed tobacco tax increase and so may be willing to look at broader tobacco issues. Also instrumental will be the Michigan Association of Community Mental Health Boards (MACMHB), which represents outpatient public mental health centers. MACMHB is a member of the coalition advocating for a significant increase in tobacco excise taxes.

It is important to remember that state psychiatric hospitals employ a large number of unionized workers, so positive linkages with unions will be important to making progress in this area.

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Health Insurance

Many Michigan residents would not seek information or assistance on tobacco use through the health care system if they did not have health insurance. Insurance coverage for cessation services or prescription drugs (nicotine gum and patches) varies by insurance policy. Contacts with insurers indicate that it is the employer or other purchaser of insurance who decides what coverage will be included in a particular plan. Therefore, this should be another focus of efforts with employers, along with those that were discussed in the section on worksites.

Some studies suggest that a lack of insurance reimbursement for smoking cessation counseling by physicians may be a factor in why such counseling is not routinely offered to patients who smoke. It seems that discussions of this issue could begin with representatives of Blue Cross/Blue Shield-Michigan, the largest health insurance provider in the state and an organization that has often been involved in community service activities. A Blue Cross representative serves on the Detroit Project ASSIST Coalition.

Each of the three regional ASSIST coalitions have strong ties to the health care system in their communities. Representatives of hospitals, health centers, and health professional organizations are the core of the coalitions in each of the areas.

Key informants/resources:

1. Mary Lang, Director, Michigan Primary Care Association
2. Mark Bertler, Executive Director, Michigan Association for Local Public Health
3. Julie Hoinville, Clinic Manager, Planned Parenthood
4. Elaine O'Connor, Administrator, WomanCare Clinic
5. Eugene Farnum, Executive Director, Association of HMOs in Michigan
6. Tim Tobolic, M.D., Chair-Public Relations Committee, Michigan Academy of Family Physicians
7. Richard Zahodnic, M.D., President, Michigan Society for Respiratory Care
8. Sheila Abood, Michigan Nurses Association
9. Tom Wolff, Michigan State Medical Society
10. Michael DeGrow, Michigan Association of Osteopathic Physicians and Surgeons
11. Kris Nicholoff, Michigan Dental Association
12. Brenda Price, Blue Cross/Blue Shield-Michigan
13. Geboy, Michael J. "Dentists' Involvement in Smoking Cessation Counseling: A Review and Analysis," *Journal of the American Dental Association*; 118: 79-83, January, 1989.
14. Anda, Robert F., et al. "Are Physicians Advising Smokers to Quit?: The Patient's Perspective," *Journal of the American Medical Association*, 257(14): 1916-1919, April 10, 1987.

15. Smith, Wayne R. and Brian L. Grant. "Effects of a Smoking Ban on a General Hospital Psychiatric Service," *Hospital and Community Psychiatry*, 40(5): 497-502, May, 1989.

SCHOOLS

The obvious population to reach through the school channel is youth. However, as noted earlier, the ASSIST Project cannot rely solely on schools as a way to get the nonsmoking message to this group. Beyond the fifth or sixth grade, young people no longer get their primary information through traditional education.

Schools can also be a link to parents, who fit many of the other priority groups. In addition, schools are worksites, employing a large proportion of the Michigan workforce. Ways to reach workers in schools will be discussed under the worksite section.

About 90 percent of Michigan students attend public schools, which makes this the logical sector in which to apply ASSIST interventions. A second reason to concentrate interventions on public schools is that most vocational education programs are run through that system. Smoking prevalence among students in these programs is known to be higher than among students in academically-oriented programs.

Furthermore, outreach attempts toward the Michigan Association of Non-public Schools by the TFMAC Tobacco-Free Schools Committee were not successful. Under the assumption that some ASSIST interventions will be easily implemented in any school setting, it is possible that future attempts to interest non-public schools in these interventions would be warranted.

Schools will be one of the easier channels through which to implement ASSIST interventions in Michigan. Education groups have been active participants in tobacco control efforts since the beginning of the Department's organized tobacco activities in 1989. These groups include organizations that will be instrumental in achieving ASSIST objectives in the schools.

Key Intermediaries in Schools

ASSIST's link to school policymakers is the Michigan Association of School Boards (MASB), representing school board members and school superintendents from Michigan's 564 public school districts. Its major functions are legislative advocacy and education and training of its members.

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MASB has been an outspoken supporter of tobacco-free schools, taking a leadership position on the TFMAC Tobacco-Free Schools Committee and sponsoring a survey of school districts on this issue. The organization has encouraged TFMAC informational displays at its annual conferences and will present the TFMAC tobacco-free schools workshop at an MASB conference this fall. MASB has provided legislative testimony and lobbying on a variety of youth tobacco issues.

Because efforts toward tobacco-free schools in Michigan are voluntary at this time, the support of school boards is essential to achieving tobacco-free schools. There is no doubt that the ASSIST Project will continue to benefit from MASB's strong interest and support of tobacco control policies and programs.

Also important in policymaking are the Michigan Department of Education (MDOE) and the State Board of Education, both of which have demonstrated support for tobacco reduction activities. MDOE has had a representative to TFMAC since its inception and has been active on the Tobacco-Free Schools Committee. In working on the ASSIST site analysis, a connection was also made with the MDOE Vocational Technical Services Section, which oversees career and vocational education in the public schools. At TFMAC's suggestion, the State Board of Education passed a resolution in 1991 encouraging Michigan schools to develop tobacco-free policies. However, with this coming election, it appears that some of our strongest supporters may no longer be members of the State Board.

School administrators can be reached through the Michigan Association of Secondary School Principals (MASSP) and the Michigan Elementary and Middle School Principals Association (MEMSPA). As its name implies, MASSP represents high school principals across the state. This organization has been a strong supporter of TFMAC since 1990. Last year, MASSP selected tobacco-free schools as its "issue of the year." Each newsletter during the school year included a feature on tobacco-free schools. MASSP's former TFMAC representative was the chair of the TFMAC Tobacco-Free Schools Committee. MASSP will be a primary information link between high school administrators and the ASSIST Project.

MEMSPA is a more recent addition to the coalition and has already been an active participant in TFMAC activities. This organization serves a similar function to MASSP, but with principals at the elementary and middle school level.

The support of teachers is obviously very important to ASSIST efforts in the schools. The largest and most influential organization of Michigan teachers is the Michigan Education Association (MEA), which serves as the employee union for nearly 90,000 teachers across the state. A much smaller number of teachers are represented by the Michigan Federation

of Teachers and the Detroit Federation of Teachers. The experience of tobacco control advocates with the MEA has been mixed.

The MEA has been member of TFMAC since the coalition began. The major contribution of the organization has been lending its influential name to the coalition's efforts, which is a valuable contribution. The MEA is strongly supportive of tobacco education programs in the schools. In fact, the MEA health benefits unit (MESSA) has been the major financial underwriter of the Smoke-Free Class of 2000 Project over the last few years.

However, the relationship between tobacco control advocates and the MEA has become strained over the issue of tobacco-free schools, as will be explained later in this section. Due to MEA's political and public influence in the state, TFMAC must have the cooperation of the MEA to work effectively with schools and with Michigan's teachers. TFMAC must focus on areas of common ground with the MEA, such as tobacco education programs, in order to continue to improve this important relationship.

Many students in Michigan schools are involved in athletics. Unfortunately, the use of smokeless tobacco is linked with sports for many young men. The Michigan High School Athletic Association has been a loyal member of TFMAC since 1990. Although this organization is reluctant to become involved in legislative advocacy on tobacco issues, they are very interested in promoting the anti-tobacco message through ads in MHSAA bulletins and tournament programs, enforcement of tobacco policies for coaches, officials, and players, and other special projects. Through its link with the MHSAA, ASSIST may have the opportunity to draw professional sports players into tobacco control efforts.

As discussed earlier, the American Cancer Society, Michigan Division, the American Lung Association of Michigan, and the American Heart Association of Michigan are at the core of TFMAC's support. Each of these organizations provides tobacco education and prevention programs in the schools, including the ACS Students Against Smoking project, the ALA Tobacco-Free Teens program, and the tri-agency Smoke-Free Class of 2000 project. The Michigan ASSIST Project can work with the voluntary agencies to enhance these activities in the schools.

The ASSIST Steering Committee also identified other organizations that may not be key intermediaries to Michigan's schools, but could be helpful in implementing ASSIST interventions. These include the Michigan School Counselors Association, the Michigan Association of School Nurses, the Michigan Association for Health and Physical Education, and the Michigan Association of Middle School Educators.

This discussion illustrates that most of the key statewide organizations involved in Michigan's schools are interested in youth tobacco issues and many are active members of TFMAC. The major barrier to increasing nonsmoking messages in Michigan schools is a

more practical one: time. Teachers and others who provide programming in schools have an unlimited number of issues to deal with in a limited amount of time. To be successful, ASSIST must draw the attention and interest of teachers to the youth tobacco issue. Interventions must be innovative, easy to implement, and of clear value to students if they are to be seriously considered by Michigan educators.

As mentioned above, schools are also a channel to reach parents. The most organized network for doing this is the Michigan Congress of Parents, Teachers, and Students, better know as the PTA. The PTA has taken positive policy positions on tobacco education in the schools and other tobacco control issues. The state organization appointed a representative to TFMAC in 1990 who has served as a motivator and active advocate for children in the coalition. Several TFMAC meetings have been held in the PTA state office building. However, the PTA's real strength is on the local level, where it has 653 local units. While there is a statewide coordinating council for the organization, local PTAs set their own agendas and take only limited direction from the state office. Therefore, the PTA organization may best be accessed in local communities by the Department's network of local tobacco control coalitions, rather than through linkages made at the state level.

Establishing Tobacco-Free Schools

In addition to program service interventions, the ASSIST Project must consider policy objectives in the schools. As mentioned above, the issue of tobacco-free schools has been contentious in Michigan. Bills to ban smoking in schools have been introduced in the Michigan legislature for more than a decade. None of the bills have passed because of opposition from the MEA, which views smoking in schools as a condition of employment open to the collective bargaining process. In fact, this position was upheld by a court ruling involving the Holland (Michigan) Public Schools. (Tobacco control advocates maintain that smoking in schools is a health and safety issue that is not negotiable, like asbestos exposure or accessible fire exits.) Although the MEA is supportive of tobacco education programs for students, they have not shown interest in encouraging local bargaining units to use union negotiations to bring about tobacco-free school policies.

The MEA's official position on tobacco-free schools is not necessarily supported by its membership, at least according to several informal surveys. By these measures, the majority of teachers do not smoke and would prefer to work in a smoke-free environment. Identifying MEA members who would be willing to work through internal channels for a change in the organization's official position on tobacco-free schools may be important to achieving this policy objective in Michigan. Additionally, the MEA has local education associations across the state. The Department's local tobacco control coalitions may be able to form alliances with these community groups to influence tobacco policies in local school systems.

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In the absence of a state law, many Michigan school districts have voluntarily passed tobacco-free policies. A practical barrier to such action, however, has been competition between school districts for adult education funding. School districts receive state funds based upon the number of students attending their adult education programs. Because a large percentage of adult education students smoke, school districts that adopt tobacco-free policies run the risk of losing these students--and the accompanying state dollars--to other districts. Through the site analysis process, contact has been made with the Michigan Association of Community and Adult Education (MACAE). MACAE's Board of Directors agreed to begin looking at this issue at a board meeting this fall.

On the other hand, support for tobacco-free schools can be found among the schools' most important personnel--the students themselves. In at least 3 school districts in Michigan, students organized around this issue and petitioned school administrators to create policy change. This serves as a reminder that students should be involved in ASSIST interventions targeted toward schools. The Michigan Association of Student Councils could be approached to participate.

Because of the stalemate over tobacco-free schools legislation, TFMAC's Tobacco-Free Schools Committee has worked on activities to encourage voluntary adoption of tobacco-free policies. The committee has developed and piloted a workshop on policy implementation for interested school officials. Plans are now being developed for promoting the workshop throughout the state. The committee is also working on a public education brochure that will be used to generate local support for tobacco-free schools from parents and other community members. The committee's activities will become a part of the ASSIST plan for reaching this school policy objective.

Strengthening the Tobacco Education Curriculum

The second ASSIST policy objective for schools is the implementation of a tobacco education curriculum. In Michigan, 94 percent of school districts and many private schools participate in the Michigan Model for Comprehensive School Health Education. Begun in 1984, this program provides consistent and comprehensive health curriculum activities concerning the many aspects of mental and physical health. It also teaches life skills in decision-making, problem-solving, resisting peer pressure, and developing self-esteem.

Preventing tobacco use is an important component of the Michigan Model. In addition to 16 lessons that deal directly with the health dangers of cigarettes and other tobacco products, the Model includes 20 other lessons that employ examp'es of tobacco use to teach decision-making and problem-solving skills. In this way students not only learn the facts about tobacco and health, but also the skills that will enable them to make critical decisions about their own use of tobacco. An important component of the program is the parents' manual which encourages parental involvement in their childrens' health education.

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The curriculum is currently completed for grades kindergarten through 8, with plans underway for extending it through the high school years. Local health departments and voluntary health associations all participate as trainers and presenters for the Michigan Model curriculum. Responsibility for administration and planning of the curriculum belongs to a State Interagency Steering Committee with members from the Departments of Public Health, Education, Mental Health, Social Services, and State Police. The ASSIST Project staff has a good working relationship with Michigan Model staff in the Department. As mentioned earlier, the Michigan Department of Education, the lead agency for the Michigan Model, is involved in TFMAC activities.

Michigan is fortunate to have this structure for tobacco education and it would be advantageous to continue to work through the Michigan Model to meet the ASSIST curriculum objective. In order to do so, there are several aspects of the Michigan Model that need to be explored. First, the tobacco components of the Model should be compared to other tested and efficacious tobacco curricula. Needed improvements that have been noted in the past include improved tobacco lessons in the youngest grades and a greater emphasis on smokeless tobacco.

Although funding for a formal evaluation component of the Michigan Model has been discontinued, there are indications that the curriculum is having a positive impact on Michigan school children. In a study conducted by The University of Michigan, 6th and 7th grade students were tested on their reported use of various substances, including cigarettes. The study found that Michigan Model students were significantly less likely to have used cigarettes in the previous two months than students who had not been exposed to the Michigan Model. Also, informal surveys report positive assessments of the Michigan Model by parents, school administrators, and others.

Secondly, although the curriculum is complete for grades K-8, it is likely that not all components of the curriculum are being presented in all schools implementing the Michigan Model. There are various reasons for this. As mentioned earlier, time is an important consideration in classroom lessons. Teachers may make a decision to concentrate their efforts on academic components that are regularly tested through the MEAP (Michigan Educational Assessment Program), the standardized tool used to assess student achievement relative to performance objectives. Health education has been tested on the MEAP only three time since 1975. The teacher training process, teacher interest, and parental input are other factors that may influence which lessons are used in the classroom and which are discarded. The ASSIST Project must work closely with the Model Steering Committee and the teacher training program to ensure that tobacco components receive regular attention in Michigan Model schools.

Local Efforts

As illustrated by the above discussion, there are several statewide organizations that serve as intermediaries for changing school policy and promoting nonsmoking messages in schools. To a great degree, plans for this channel can be designed at the statewide level. In the three intensive intervention regions, local ASSIST coalitions can work with key intermediaries from the community to ensure that these plans are fully implemented in local schools.

It is an advantage that the regional ASSIST efforts are coordinated by local health departments because there is an existing relationship between the health departments and the schools in each area. Health educators from the local health departments regularly speak to school groups on many issues, including tobacco. Contacts with teachers and administrators have already been established.

In Genesee County and the Upper Peninsula, school personnel are active on local tobacco control coalitions and the coalitions have promoted several projects within the schools. In recent years, the SMART Coalition in Genesee County sponsored an anti-tobacco poster contest for 5th graders. In 1989, several Upper Peninsula coalitions sponsored a regional workshop on developing tobacco-free school policies. The workshop was well-attended by school officials and representatives from across the U.P., solidifying public support for policy change in the schools. The Marquette County Coalition worked with local schoolchildren on an anti-tobacco public service announcement, which was subsequently broadcast on local television.

The Detroit Project ASSIST Coalition does not have representatives from the schools at this time, but is using the site analysis process to identify interested individuals. Two factors create challenges for the ASSIST Coalition in working with the Detroit Public Schools. First, the Detroit Public School District is implementing an "empowerment" model, in which teams of administrators, teachers, and parents control individual schools. Under this model, the district board has decreased ability to design policy for the entire district. The ASSIST Coalition may therefore find that establishing tobacco-free schools in Detroit must be done on a school-by-school basis. Secondly, teachers in the Detroit schools are represented by the Detroit Federation of Teachers, rather than the MEA. Therefore, progress made with the MEA on the issue of tobacco-free schools on the state level may not benefit schools in Detroit.

Key informants/resources:

1. Don Sweeny, Consultant to the Michigan Model for Comprehensive School Health Education, Michigan Department of Public Health
2. Carol Stacy, Vocational Technical Services, Michigan Department of Education

3. Henry Houseman, Michigan Association of Community and Adult Education
4. Dolores Lake, Michigan High School Athletic Association
5. Linda Beers, Michigan Association of School Boards
6. Fran Anderson, Michigan Congress of Parents, Teachers, and Students
7. Debra Gates, President, Michigan Association of School Counselors
8. Brink, Susan G., et al. "Developing Comprehensive Smoking Control Programs in Schools," *Journal of School Health*; 58(5): 177-180, May, 1988.
9. Hair, Marty. "Pupils push smoking ban for teachers," *The Detroit Free Press*, February 12, 1992.
10. *Michigan Model for Comprehensive School Health Education, Implementation Plan for Year 1991.*
11. *Michigan Education Directory, 1991.*

WORKSITES

Worksites are an obvious channel to blue collar workers. By emphasizing worksites that employ blue collar workers, the Michigan ASSIST Project will be reaching women, less educated individuals, and racial and ethnic minority groups.

Although the greatest number of businesses in Michigan are in the service sector, the greatest number of workers are employed in the manufacturing sector. Census data show that 55 percent of Michigan workers can be found in the following types of workplaces: durable goods manufacturing (793,000), retail trade (749,000), health services (371,000), and educational services (358,000). Therefore, the ASSIST Project would reach the greatest number of workers by concentrating interventions in these types of workplaces.

Worksites may be the most difficult channel to involve in the ASSIST Project. In Michigan, this is an arena where tobacco control advocates have made the fewest linkages. The American Lung Association of Michigan has had some success in working with individual employers to promote smoking cessation services and develop workplace smoking policies. Currently there are no business representatives on TFMAC, although the site analysis process has helped to identify possible participants.

Business Owners

As mentioned previously, tobacco industry representatives in Michigan have been successful in portraying "anti-tobacco" as "anti-business." This is an argument that carries significant weight in bad economic times. Recent years have seen the business sector opposing tobacco control efforts on an increased tobacco tax, restrictions on the sale of tobacco to minors, clean indoor air activities, and so-called "smokers' rights." Business interests view

these efforts as hurting the profits of business owners (and therefore as bad for the economy) and/or as unwarranted government interference in business practice.

One of the major organizations representing business owners in Michigan is the Michigan Chamber of Commerce. About 6,300 businesses across the state are members of the Chamber. In the past, this organization has promoted the "Great American Welcome" program in which businesses were encouraged to display signs notifying the public that smokers were welcomed by the business. In contacting the Chamber for the site analysis, it was conceded that members may be interested in smoking cessation programs for employees, but beyond that there was little common ground between tobacco control advocates and business owners.

Some community tobacco control coalitions, including Genesee County, have been successful in working with local chambers of commerce on tobacco reduction projects. This may be an avenue for working with employers in those communities that have local tobacco reduction coalitions. Contact with the Detroit Chamber of Commerce yielded little interest. There is also an Arab-American Chamber of Commerce located in the Dearborn area. In the U.P., the Wellness Council of the Upper Peninsula counts among its members 80 worksites who are interested in health promotion.

Other business owners in Michigan are represented by the Small Business Association of Michigan (SBAM). The association's membership includes 5,500 small businesses, the overwhelming majority with fewer than 25 employees. About 30 percent are in the manufacturing sector. Because many SBAM members were formerly factory workers or engaged in other blue collar employment, it is likely that the smoking rate among them is high. The contact for this organization voiced the opinion that most tobacco control efforts are bad for business, although he noted that reducing health care costs may be a common ground between the two interests. For the SBAM to cooperate with the ASSIST Project, it would have to be demonstrated that the relationship is in line with the best interests of the organization and its members and that there is an incentive for them to participate.

Among other influential organizations that represent business owners are the Michigan Restaurant Association and Michigan Retailers Association. Both of these organizations have actively opposed tobacco control efforts for reasons stated above. A representative of the Michigan Manufacturers Association participated in the Department's Tobacco Reduction Task Force in 1989, but the organization withdrew its support from the final report because of disagreement with some task force recommendations. Contacts with two minority business networks, the Michigan Minority Business Development Council and the Chamber of Commerce Minority Business Enterprise Council, uncovered little interest in tobacco reduction efforts.

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Unions

In addition to business owners, unions carry strong influence in Michigan workplaces. Unions present a well-organized way of reaching blue collar workers in Michigan and in fact, health promotion messages are commonly delivered through union communication channels.

Although only about 20 percent of Michigan workers are unionized, these are generally employees of the largest companies. Therefore less effort is needed to reach a large number of employees. About half of union members in Michigan belong to the United Auto Workers (UAW). In addition to auto industry employees, the UAW represents a broad range of workers in many settings. Other influential unions representing manufacturing, the service sector, and the health care industry in Michigan include the Teamsters, the American Federation of State, County, and Municipal Employees (AFSCME), and the Service Employees International Union (SEIU). As mentioned in a previous section, the Michigan Education Association and the Detroit Federation of Teachers are very influential unions that represent Michigan teachers. Most of these unions are affiliated with the AFL-CIO, which is an umbrella organization representing the interests of unions in general.

Unions are an important force in Genesee County, Detroit, and the Upper Peninsula. In Genesee County, 40 percent of employment is in the manufacturing sector. The largest employer is General Motors, with nine manufacturing plants in the county. A survey commissioned by *The Flint Journal* in 1989 estimated that 41 percent of county residents had a household member who belonged to a union.

Conversations with union leaders often reveal a reluctance to support tobacco reduction efforts. While most are interested in promoting good health among union members, there is a strong sense of not wanting to tell members how to run their lives. Tobacco industry promotion of so-called "smokers' rights" has successfully linked smoking cessation with invasion of privacy in the minds of many workers.

The issue of workplace smoking restrictions causes even greater resistance. Smoking is viewed as a condition of employment that was hard won during the early years of union activity. Union representatives cite court decisions stating that smoking policies must be open to collective bargaining. Additionally, employers' concerns about smoking in the workplace are often suspected to be tactics to divert attention from other job safety issues.

Finding Common Ground

Nevertheless, some contacts offered advice on how to begin building relationships with business networks and unions. As a start, the ASSIST Project could engage individual business owners who are interested in tobacco control efforts. There are several large and influential businesses in Michigan that have established smoke-free workplaces and support health promotion programs, including Comerica Bank, Michigan Bell Telephone, and the Unisys Corporation. Michigan's most influential corporations, the automobile manufacturers, have also instituted workplace smoking policies. Contacts with medical staff in auto plants have been very supportive of ASSIST efforts. Some of these businesses have been contacted to participate in the ASSIST planning process.

Health care costs were most often cited as the "hook" for getting business networks interested in tobacco control efforts. As health care costs continue to climb, many business owners are looking for the least painful means of cutting these costs. Well-designed information on the economic costs of smoking may be of significant interest. Helping employees to quit smoking could also be presented as an issue on which management could be looked upon favorably by the union. Unless the ASSIST Project is able to work cooperatively with statewide business networks, interventions may have to be achieved on a workplace-by-workplace basis, which is much less efficient.

Finding common ground with unions often requires finding the right person in the organization. Gaining access to unions through employee assistance representatives or health benefits representatives is one way to create supportive links. While union leadership does not always reflect the same interest in health promotion as these individuals, their understanding of the organization could be the key to gaining influence with the leadership. An important factor in working with unions will be to break down the defense of "smokers' rights" that has been successfully built by the tobacco industry. Smoking cessation resources and clean, smoke-free air must be viewed as benefits, not restrictions, if unions are to become interested in the ASSIST objectives.

It was generally agreed that interventions in worksites should first focus on health information and cessation services. These resources can serve to prepare and soften a workplace for the implementation of smoking restrictions.

Specialized Worksites

One area in which inroads have been made into worksites is in state employment. Several factors, including Governor John Engler's recent Executive Order that banned smoking in state office buildings, have increased interest in smoking and health issues on the part of the Department of Civil Service and the Office of the State Employer. Tobacco use will receive increased attention in civil service health risk appraisals and that department is